

**STANDARD CERTIFICATE OF DEATH**

State File No. **6232**

No. 300  
10. 48

**FILED MAR 13 1953**

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 827

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Jackson</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>5 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Box 749 A</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			
<b>3. NAME OF DECEASED</b>		<b>4. DATE OF DEATH</b>	
a. (First) <u>John</u> b. (Middle) <u>Howard</u> c. (Last) <u>Reese</u>		(Month) (Day) (Year) <u>Feb 7 1953</u>	
(Type or Print)			
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Feb 14 1897</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Kansas Southern</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Joplin - Missouri</u>
<b>13a. FATHER'S NAME</b> <u>B. A. Reese</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Unknown</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>no</u>		<b>16. SOCIAL SECURITY NO.</b> <u>702-12-1488</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Hospital Records</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b>	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		(a) <u>Emphysema of Liver</u>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>	
		DUE TO (c) <u>Myocardial Damage</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <u>no</u>		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>22. I hereby certify that I attended the deceased from</b> <u>1-30</u> , 19 <u>52</u> <b>to</b> <u>2-7</u> , 19 <u>53</u> <b>and that death occurred at</b> <u>3:22</u> m., <b>from the causes and on the date stated above.</b>		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>Joplin Missouri</u>	
<b>23a. SIGNATURE</b> <u>W. P. Miller</u> (Degree or title) <u>MD</u>		<b>23b. ADDRESS</b> <u>1000 Argyle</u>	
<b>24. BURIAL CREMATION, REMOVAL</b> <u>Removal</u>		<b>23c. DATE SIGNED</b> <u>2-7-53</u>	
<b>24b. DATE</b> <u>2-7-53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>-</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Joplin Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edward C. ...</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>1-7-53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Shealding Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edward C. ...</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edward C. ...</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

21 9875

MAR 30 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John B. Lewis

Licensed Embalmer No. 4875

P. O. Address: KC mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.